



Hospital Fiscal Report

State Form 49520 (R2 /7-02)

(Form approved by State Board of Accounts, 2000)

I. Identification of Organization

Hospital Name: PHYSICIANS MEDICAL CENTER

City of Hospital: New Albany, IN

Year Begin: 01/01/2012 (mm/dd/yyyy format)

Year End: 12/31/2012 (mm/dd/yyyy format)

Medicare Provider Number: 15-0172

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$7625896
Outpatient Patient Service Revenue	\$33373544
Total Gross Patient Service Revenue	\$40999440

2. Deductions From Revenue

Contractual Allowance	\$30445132
Other Deductions	\$0
Total Deductions	\$30445132

3. Total Operating Revenue

Net Patient Service Revenue	\$10554308
Other Operating Revenue	\$513442
Total Operating Revenue	\$11067750

4. Operating Expenses

Salaries and Wages	\$2797954	Employee Benefits	\$536572
Depreciation and Amortization	\$647971	Interest Expense	\$46516
Bad Debt	\$410793	Other Expenses	\$5975997
Total Operating Expenses	\$10415803		

5. Net Revenue and Expenses

Excess Revenue over Expenses	\$241156	Total Assets	\$12292621
Net Non-operating Gains over Loss	\$94870	Total Liabilities	\$3917734
Total Net Gains	\$336026		

Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
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Medicare	\$12787984	\$10026515	\$2761469
Medicaid	\$3631338	\$2791566	\$839772
Other Government	\$0	\$0	\$0
Other State	\$0	\$0	\$0
Other Payers	\$24580118	\$17627051	\$6953067
Total	\$40999440	\$30445132	\$10554308

Statement Three: Donations Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$0	\$0	\$0

Statement Four: Research Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Research	\$0	\$0	\$0

Statement Five: Education Statement

Education of	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Medical Professionals	\$0	\$0	\$0
Hospital Patients	\$0	\$0	\$0
Community Education	\$0	\$0	\$0

Number of Medical Professionals Trained	
Number of Hospital Patients Educated	
Number of Citizens Exposed to Health Education Messages	

Statement Six: Charity Statement

Hospital Charity Charges	\$0
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$0	
HCI Payments	\$0		
Subtotal	\$0	\$0	\$0
Medicaid Shortfalls	\$0	\$0	
Subtotal	\$0	\$0	\$0
DSH Payments	\$0		
Subtotal	\$0	\$0	\$0
Medicare Shortfalls	\$0	\$0	
Other Government Programs	\$0	\$0	
Total	\$0	\$0	\$0

Statement Seven: Subsidized Health Services for the Community

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Community Programs	\$0	\$0	\$0
Community Assessment	\$0	\$0	\$0
Provision of Taxes	\$0	\$0	\$0
Other Allocations	\$0	\$0	\$0